DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 02-20

2. STATE: **ILLINOIS**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: 7/1/02

5. TYPE OF PLAN MATERIAL *(Check One)*

☐ NEW STATE PLAN ☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT
a. FFY 02 $ (2,375,000)
b. FFY 03 $ (9,500,000)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.18-A and Attachment 4.18-C

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 4.18-A and Attachment 4.18-C

10. SUBJECT OF AMENDMENT:

Non Institutional Provider Services - CoPayments

11. GOVERNOR'S REVIEW *(Check One)*

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED: Not submitted for review by prior approval.

12. SIGNATURE OF AGENCY OFFICIAL: Jackie Garner

13. TYPED NAME: **Jackie Garner**

14. TITLE: **DIRECTOR**

15. DATE SUBMITTED

16. RETURN TO:

ILLINOIS DEPARTMENT OF PUBLIC AID
201 SOUTH GRAND AVENUE, EAST
SPRINGFIELD, IL. 62763-0001
ATTENTION: John Rupcich

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 8/16/02

18. DATE APPROVED: 2/20/03

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL: Cheryl A Harris

21. TYPED NAME: Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

FORM HCFA-179 (07-92) *Instructions on Back*

RECEIVED
AUG 16 2002
DMCH - IL/IN/OH

State of Illinois
Co-Payments

A. Hospitals

1. Co-payment is required for all inpatient days with the exception of days of care provided children (individuals through age 17), long-term care facility residents and pregnant women, including those post-partum women who have given birth within the last sixty days.
2. The co-payment is a deduction from the hospital per diem.
3. The co-payment amount is determined as follows:

$325 per day or more	$3.00 per day
Above $275 but less than $325 per day	$2.00 per day
$275 per day or less	No co-payment

4. The co-payment amounts are automatically deducted from the Department's per diem payment to the hospital.
5. No provider may deny care or services on account of an individual's inability to pay a co-payment. (This requirement, however, does not extinguish the liability for payment of the co-payment.)
6. The exclusions for children and long-term care residents are enforced by MMIS edits using patient age and resident's information.
7. The hospital is required to identify days of care for pregnant women in coding the UB 892.

B. Non-institutional providers

1. Effective for service dates beginning January 1, 2002, through June 30, 2002, a $1.00 co-payment will be assessed to participants for each fee-for-service office visit to a physician, chiropractor, podiatrist or optometrist and for prescription drugs (legend drugs) received through a pharmacy, with certain exceptions

07/02 2. Effective July 1, 2002, a co-payment will be assessed to participants for each fee-for-service visit based on the following rate:

a. A $2.00 co-payment for each fee-for-service office visit to a chiropractor, podiatrist, optometrist, or physician.

b. A $3.00 co-payment for each brand name drug billed to the Department.

c. A $1.00 co-payment for generic legend drugs.

Except, no co-payment will be assessed for emergency services, as defined in 42 CFR 447.53(b)(4), or for pharmacy products that are so identified in the Department's point of sale system for pharmacies and listed in notices to providers, available to the public on the Department's Internet website.

3. Co-payments will not apply to persons residing in hospitals, nursing facilities, intermediate care facilities for the mentally retarded, pregnant women (including a postpartum period of 60 days), children under ~~age~~ 19 years of age, all noninstitutionalized individuals whose care is subsidized by the Department of Children and Family Services or the Department of Corrections, and hospice patients. In addition, co-payments will not apply to residents of a State-certified, State-licensed, or State-contracted residential care program where residents, as a condition of receiving care in that program, are required to pay all of their income, except an authorized protected amount for personal use, to the cost of their residential care program. For the purpose of this subsection, the protected amount shall be no greater than the protected amount authorized for personal use by the Department.
4. Co-payments will not be assessed for services paid by Medicare, family planning services, certain medications, cancer chemotherapy, radiation therapy, renal dialysis treatment and over the counter drugs.
5. Except for those services and drugs excluded, the Department will automatically deduct the ~~$1.00~~ appropriate co-payment from the provider.
6. No provider may deny services to an eligible individual due to the individual's inability to pay the co-payment. However, this does not remove the individual's liability for the co-payment.

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